

# Mantra Care Homes Limited

## Sunkist Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Sunkist Lodge is a 'care home'. At the time of our inspection there were 23 people living in the home. Sunkist Lodge provided care and support to people living with on-going mental health conditions, such as schizophrenia, personality disorder or a history of substance and alcohol misuse.

People's experience of using this service:

People who lived in Sunkist Lodge received person centred care and were supported by staff who knew them, their needs and their interests well. People spoke very highly of the care they received at Sunkist Lodge with comments including; "My life has changed since I am here", "We are all lucky to live here" and "I would highly recommend this place."

Staff involved people in every aspect of their care and enabled them to share their views and make choices. People were free to come and go as they pleased and encouraged to become active members in their local community.

People had personalised care plans which contained information about their support needs, how to minimise any risks, and goals they were working towards in order to become more independent.

Risks to people's health, safety and wellbeing were assessed and acted upon. People were protected from potential abuse by staff who had received training and were confident in raising concerns. People made comments including; "They look after you and you feel safe" and "There is nothing to worry about here. I feel safe." There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people well.

People spoke highly of the food they were provided in Sunkist Lodge and the environment. Where necessary, specialist advice from healthcare professionals was sought. One healthcare professional said, "I feel confident they raise concerns where needed. People are definitely treated well here."

People received their medicines as prescribed by their doctors in a safe way. People had access to activities, opportunities and stimulation to meet their needs.

There was strong leadership at the service. People, relatives, external healthcare professionals and staff

spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This service was rated good overall and in every key question except Effective which was rated requires improvement at the last inspection. The report was published 17 December 2016.

Why we inspected: This was a planned comprehensive inspection based on previous ratings.

Follow up: We will continue to monitor the intelligence we receive about the service and plan to inspect in line with our re-inspection schedule for those services rated good. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Sunkist Lodge

## **Detailed findings**

## Background to this inspection

### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

We visited the service on 23 May 2019 and our inspection was unannounced.

### What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spoke with 11 people who used the service and two relatives. We also spoke with the registered manager, the quality manager and three members of care staff. We also spoke with three external healthcare professionals who were visiting the service. We looked at three people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and

incidents, audits and complaints policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "They look after you and you feel safe" and "There is nothing to worry about here. I feel safe."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management managing this in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. One person said, "We have 24 hour staff here" and a relative said, "There are sufficient staff to keep an eye on what's going on."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, where people had behaviours which could pose risks to themselves or others, risk assessments had been created. Plans had been put in place to ensure staff knew people's triggers and how to respond to changing situations in order to keep people safe and minimise the risks.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought. One healthcare professional said, "I feel confident they raise concerns where needed. People are definitely treated well here."

Using medicines safely

- Where possible people were encouraged to participate in and take control of their medicine management.
- Medicines were managed safely and people received their medicines as prescribed. One healthcare professional said, "Medication is put together. Staff are knowledgeable about meds and everything is very secure."
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.

Preventing and controlling infection

- Staff training and regular audits took place in relation to infection control.

- On the day of our inspection the home was clean and welcoming with no bad odours.
- We saw staff use personal protective equipment appropriately throughout the day.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, one person had experienced a significant deterioration in their mood and mental health and had tried to harm themselves. Immediate action had been taken to take the person to hospital, arrange for them to see a psychiatrist, review their medicines and organise for the person to no longer self-administer their medicines. This was all with the person's input and agreement.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the previous inspection this question was rated Requires Improvement. This was due to the need for refurbishment in one of the bathrooms. Following this inspection renovations took place and this question is now rated Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. These plans were detailed and took into account people's personalities, moods and the specific steps staff needed to take to be most effective in caring for people.
- Healthcare professionals were highly complimentary of the care delivered at Sunkist Lodge. They made comments including; "This would be my first point of call for slightly older people who need a rehab type service. There's a good understanding of people's needs."
- Staff worked hard to ensure people achieved good outcomes. One healthcare professional said, "I have had one (person) move from here into supported housing. X got there because of the help provided at Sunkist. Whilst here X was able to develop a routine. They supported X to go out into the community and develop friendships."
- People spoke very highly of the care they received at Sunkist Lodge with comments including; "My life has changed since I am here", "We are all lucky to live here" and "I would highly recommend this place."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person had recently experienced a deterioration in their mental health and their care plan and risk assessments had been updated to reflect this. Staff knew how best to support this person following these changes.
- People had been involved in the planning of their care and their wishes were respected.
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation, and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for people who have not worked in care before. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. Staff made comments including, "I have had lots of training. The training's great."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "It's really nice and supportive."
- Healthcare professionals spoke highly of staff knowledge and skill at the service. They made comments

including; "There are some very skilled individual people here. I feel confident in the staffing here" and "Their knowledge of aggression and criminality is good. They are skilled in managing to de-escalate things and situations. Situations are well handled and staff are trained."

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke very highly of the food provided at the service. Comments included, "We have a chef who is spoiling us" and "The food is of very high standard."
- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- Where people had specific needs and preferences relating to food this was provided. For example, one person said, "If you are diabetic, vegetarian, have religious requirements, they take care of that." One person said, "I need to focus on my diet and I receive a lot of support here."
- There was a chef working in the home every day to provide people with their meals and people could freely help themselves to food, snacks, hot and cold drinks.

Adapting service, design, decoration to meet people's needs

- Steps had been taken since the previous inspection to update the décor of the home.
- Sunkist Lodge was decorated to a high standard and was clean and welcoming.
- Risks in relation to premises and equipment were identified, assessed and well managed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details were evidenced.
- People had been fully involved in completing their care plans where possible and where people had an interest in doing so.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible. The home had an open door policy and people came and went as they pleased. One healthcare professional said, "They allow people to have space and freedom." One person said, "You feel welcome here and you feel free to move around and live your life."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff who knew people's needs, personalities, likes and dislikes well.
- People spoke highly of the staff and their caring attitudes. Comments from people included; "Staff here are efficient, caring and you can trust them" and "The staff are informative and helpful at every level. Every week I have my one to one. It can happen here or we can go together to have a coffee."
- Relatives made comments including, "It's the nicest care home my son has ever been in" and "The staff are very nice and caring. I am very relieved knowing that my son is in good hands."
- Healthcare professionals made comments including; "I think people are getting good care here. It's got a nice aura about it and people enjoy being here" and "The staff are kind and caring. The whole place runs on the kind and caring model."
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personalities. Comments from staff we heard included; "The residents are genuinely really lovely here. They're very interesting and good to work with."
- Staff and the registered manager were passionate about people's happiness and wellbeing. People were encouraged to pursue their interests and passions and given praise and acknowledgement. For example, one person was working towards becoming more independent in managing their own healthcare needs. On the day of the inspection this person had been to the GP for an appointment on their own. We heard two members of staff and the registered manager congratulating this person on this achievement separately. This made the person smile each time.
- During our inspection we heard lots of laughter and positive interactions. Staff joked and chatted to people who were enjoying these interactions.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity

- People were fully involved in their care and support where they were able to and wanted to.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. People protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- The registered manager spoke to us about the support they provided to people who had specific religious beliefs and how they promoted people's differences and individuality.
- The registered manager had recently organised for all staff to complete a level two qualification through the local college in Equality and Diversity, to improve practice and awareness.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.

- People were treated with dignity and respect. All interactions we saw were respectful, patient and kind.

People confirmed they were always treated with respect and given privacy when they wanted it. One healthcare professional said, "They treat everyone very well. They are very respectful towards the residents. It's friendly, calm and relaxed."

- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks staff praised them for their achievements. Each person's care plan detailed people's individual goals and aspirations and how the service should support them with that. One person said, "I do voluntary work at a Museum once a week. My wish is to go back to work. Here I get support for this."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans contained detailed routines for staff to follow in order to ensure people had the personalised support they needed. Care plans contained detailed information about people's fluctuating moods and mental health and how these could impact on the care they needed at certain times.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives where appropriate, to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- People were supported to take part in a range of activities to provide them with stimulation, entertainment and socialisation. People were encouraged to go out into the community, undertake voluntary work and complete studies. One person said, "I enjoy doing activities. We get proper support here. I am part of the community allotment group. We go to Goring by Sea. We go with the taxi and one support worker. It's about transplanting plants. I really like it." One healthcare professional said about one person, "X is promoted to be as independent as possible. He does courses through the college and they help him find stuff that interests him."
- There was a notice board in the home which displayed activities and events people could attend. These included support groups out in the local town for people 'hearing voices', a music appreciation group, a cookery group, cinema nights, takeaway nights and quizzes.
- In order to encourage people to be active members in the local community, the service had introduced a welcome pack when people moved into the home. This pack included a bus and train timetable, a community centre timetable, some information about local events and a welcome card signed by all the other people living in the service.

Improving care quality in response to complaints or concerns

- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions.
- Systems were in place to address any concerns raised. The service had acted to address any concerns. Learning took place as a result to avoid any repetition.

- People felt listened to and able to raise any concerns. Comments included; "I am able to talk to my keyworker. If I have an issue I go straight to my keyworker. I do feel listened to" and "I have never raised a concern or complaint but I know what to do in case."

#### End of life care and support

- Staff received training on how to support people at the end of their lives.
- At the time of our inspection no people at Sunkist Lodge were receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Healthcare professionals told us the service was well managed and spoke highly of the registered manager. Comments included; "The manager is knowledgeable and experienced", "The manager is kind and caring" and "It's very well run. I have a good rapport with the manager."
- People and relatives made comments including; "The management is positive, there's a lot of support", "I get along with the staff. The manager is lovely" and "The staff and the management are very professional without any doubt."
- The service informed relatives of any concerns if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. Comments from staff included; "This place is great. I think the staff here have great empathy. We are patient and allow them the time to express themselves. It's very responsive to people. We have a person centred approach. People are all respected and get absolute control. I would definitely recommend living here for someone who has mental health issues."

Staff told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. They also spoke highly of the management team, with comments including, "(Name of registered manager) is so supportive and really lovely" and "(Name of registered manager) is encouraging and gives opportunities to everyone, residents and staff. The door is always open."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Sunkist Lodge had strong and competent leadership in the registered manager.
- The management team was made up of the registered manager, the compliance manager and the providers. The providers were heavily involved in the service and the compliance manager was regularly in the home providing support and conducting checks.
- Staff were clear about their roles and responsibilities. Staff acted as keyworkers for people and there was a champions system whereby staff were responsible for specific areas. For example, there were champions for safeguarding, mental capacity, infection control, audits, resident meetings, training and complaints.
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.

- The registered manager was aware of their responsibilities to provided CQC with important information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the service's management were caring and supportive and that everyone worked well as a team.
- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals .
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management, and had an input into the service.

Continuous learning and improving care

- The registered manager and the compliance manager were keen to learn and improve. They regularly reviewed CQC reports for outstanding services in order to improve on the care provided. They were also active in sharing knowledge amongst the provider's other services and the wider local area.
- The registered manager told us different staff took part in the auditing system as they wanted "to get different views and different opinions on how to improve."
- The registered manager undertook practice review meetings regularly where incidents, accidents or complaints were analysed to better understand the root causes, whether they could have been preventable and increase learning for the future.